

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5007HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/06/2011
NAME OF PROVIDER OR SUPPLIER CELE'S CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 944 SADDLE HORN DR HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 1/6/11. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was two. Two resident files were reviewed and three employee files were reviewed.</p> <p>No regulatory deficiencies were identified. Please keep a copy of this statement for your records. No further action is required.</p> <p>The following regulatory deficiencies were identified:</p>	H 000		
H 011	<p>Director Duties-Needs Assessment</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 1/6/11,</p>	H 011		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 011	Continued From page 1 the needs of 2 of 2 residents were not assessed upon admission to the home (Resident #1 and #2).	H 011			
H 017	Director Duties-Protective Supervision NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (b) Receive: (3) Protective supervision and adequate services to maintain and enhance their physical, mental and emotional well-being. This Regulation is not met as evidenced by: Based on record review, observation and interview on 1/6/11, the director failed to ensure that 1 of 2 residents received protective supervision and adequate services to maintain and enhance their physical, mental and emotional well-being (Resident #2 - the following medications were not onsite and available for the resident: Furosemide 20 milligrams (mg) for edema; Terazosin 2 mg for for high blood pressure; Temazepam 15 mg for insomnia; Atenolol 25 mg for hypertension).	H 017			
H 019	Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.	H 019			

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H 019	Continued From page 2 This Regulation is not met as evidenced by: Based on record review and staff interview on 1/6/11, the director did not ensure that 2 of 3 caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid (Employee #1 and #3).	H 019			

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